

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	RE		BM 10/08

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 + (Through numeral) ... Canceled
 Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10/2/08
2	✓	✓	
3	✓	✓	
4	✓	✓	
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY